

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

39 1040899

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		0		1			54						
5		0		1			55						
6		0		1			56						
7		0		1			57						
8		0		1			58						
9		0		1			59						
0		0		1			60						
1		0		1			61						
2		0		1			62						
3		0		1			63						
4		0		1			64						
5		0		1			65						
6		0		1			66						
7		0		1			67						
8							68						
9							69						
0							70						
1							71						
2							72						
3							73						
4							74						
5							75						
6							76						
7							77						
8							78						
9							79						
0							80						
1							81						
2							82						
3							83						
4							84						
5							85						
6							86						
7							87						
8							88						
9							89						
0							90						
1							91						
2							92						
3							93						
4							94						
5							95						
6							96						
7							97						
8							98						
9							99						
0							100						
TO IND.	1		1				TOTAL IND.	1					
TO DEP.		1		1			TOTAL DEP.		1				
TO CLAIMS	1		1				TOTAL CLAIMS	1					